

## ENTRON SECURITY SERVICES

## Daily Security Report

Client Name Location Date																		
Facility Defey Clock Weapon	-11 101 FT 1 F-15 17465									SWEGO St. Utica					ny 7/10/87			
Facility Detex Clock Weapon Equipment No.		Hoister	Nightstick	Raisc	hiacoat Flashlight			Other					, it					
Officers:	Officer-	—Day Shi	ft (Name)	//		Officer-	-Swing SI	TWO	2 $GA1$	EKE	7	_ /	LOG	Book	- B/	AD10		
Fully explain all items marked "Yes" with time and all detail. For additional space use reverse		2	en off	2) Hal	2		13	SAGE .	Tour	<u> </u>	'	Offic <del>e</del> r —	Grave Sh	ift (Name)	la		h.	
side and attach incident reports.	Shift	$\mathcal{T}$				Shift			7 970		S	hift		CA 1	10-pe	3	1cc	
Observations or actions taken	Began Yes	No	8 (AM)PM	Ended Explanation	4 AMPM)	Began	- 5	AND	Ended		MPM be		121	AM-PM	Ended	8	(AM-MA	
Rounds or stations missed	1			Елрапация		Yes	No		Explanation	<del></del>	-	Yes	No		Explanat	iou		
Unlocked doors, gates or windows						1	٥	<u> </u>										
Unlocked vaults or safes				<del></del>		1							_	<u>-</u>				
Fire-smoke-or hazards				_								<del></del>				··		
Extinguishers missing or defective					.1	1		<del>, , , , , , , , , , , , , , , , , , , </del>			<u></u>		,			·		
2. Sprinkler system defective					•							1						
3. Fire doors or exits blocked							0				· ·		1					
4. Rubbish accumulation	·								,				1					
5. Motors running										<del></del>					· · · · · · · · · · · · · · · · · · ·			
6. Lights left burning				· · · · · ·	-	v		TURNED	OU all	E1117	2630			-L12H	+5 0	ut o	505	
Injury hazards							-	/ CAMO.P.		0 67.76	2030		/	- 160 -	120			
Visitors OHM & EPA	aea-	nla-	on d	te.		V		MT. VAL	EYWAT	TER	4		_	OHM-	FDA	PFA	D) F	
Trespassing					-				/				1_	•	SITE			
Violation of company rules				· · · · · · · · · · · · · · · · · · ·			سن						1	<del></del>		<del></del>		
Remarks 0 740 To Kumper	on	sete	-0750	36.000	O viewe	17.	080	5 % F	2.7/-	Tour		47	177	R. Y	eda T		000	
locational truck on 150 from godet 6805 To Fretton Tonawant Truck on 10840 Toman Gode																		
(111 - Salle Complex on )															4 Xeanles			
		1																
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																		
1. Were you injured during this tour?			Day Shift Yes No	1. Yes No	2. Yes	No	3. Swing S		s No	2 Yes	No	3. Grave	Shift No	Yes	No 2	Yes	3. No	
2. Did you suffer any illness?			Yes 🔊	Yes No	Yes	No	Yes		es No	Yes	No	Yes	The second second	Yes	No	Yes	No	
3. Have you reported all accidents coming to y	our atter	ntion?	(A) No	Yes No	Yes	No	Yes	No Ye	is No	Yes	No	Yes	) \(\mathcal{N}_0\)	Yes	No	Yes	No	
	S	ignatures	Day Shift	n eli	Fre	Q-1	Swing S	hitt	0.6	Zac.		Gravi		ick)	Tok	oss	k:	
	S	ignaturës	2		<i>C</i>	1/	2/		14			2.			1	0		
	S	Signatures	3.				3			•		3.		1 (20)   2014	439214	1 India dinî lenî		